



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460

**FEB 22 2017**

OFFICE OF THE  
CHIEF FINANCIAL OFFICER

**MEMORANDUM**

**SUBJECT:** Delegation of Authority Forms and Head of Agency Letter -- **ACTION**

**MEMORANDUM**

(b) (6)

**FROM:** David A. Bloom  
Acting Chief Financial Officer

**TO:** Scott Pruitt  
Administrator

The Department of the Treasury requires Agency Heads to complete a Delegation of Authority (FMS Forms 2958 and 5489E) to establish the "Head of Agency" authority. The forms register your signature with Treasury, establishes your delegation of authority to designate individuals to perform disbursing functions, and allows you to re-delegate that authority to designated officials. In accordance with the Department of the Treasury requirements, this delegation is effective for two years.

Your signature is required on the transmitted letter to Department of the Treasury, and in order to establish your authorities, the following actions must take place:

1. A Signed Letter from you to Department of the Treasury
2. Treasury Form 5489E – Fiscal Service PKI Support Nomination
3. FMS Form 2958 – Establishing Authority for you as Head of Agency
4. FMS Form 2958 – Revoking Gina McCarthy (Former Agency Administrator)
5. FMS Form 2958 – Establishing Authority for David A. Bloom (Acting Chief Financial Officer)

Note that the enclosures must bear original manual signatures in black ink; they cannot be auto penned. Please ensure that your signature is contained within the boxes.

Thank you and please contact me or Jeanne Conklin, Acting Director of OCFO's, Office of the Controller on 202-564-5342 if you have any questions.



THE ADMINISTRATOR OF THE ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

**MAR 2 - 2017**

U.S. Department of the Treasury  
Bureau of the Fiscal Service  
Kansas City Financial Center  
4241 NE 34<sup>th</sup> Street  
Kansas City, Missouri 64117

To whom it may concern:

In accordance with the authority vested in me as Administrator of the U.S. Environmental Protection Agency at headquarters in Washington, D.C., I hereby designate myself as Head of Agency. I have also signed the enclosed U.S. Department of the Treasury Fiscal Service Support Nomination and Delegations of Authority (Treasury Form 5489E and Financial Management Service Form 2958) for the agency. For all intended purposes, the forms will register my signature; establish delegation of authority to designate individuals to perform disbursing functions; and allow me to re-delegate that authority to designated agency officials.

If you have any questions, please contact Acting Chief Financial Officer David A. Bloom at (202) 564-1151.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Scott Pruitt", is written over a horizontal line.

E. Scott Pruitt

Enclosures

# Sensitive But Unclassified

## Fiscal Service PKI Support Nomination

(Print Clearly Or Type All Information Except Signature)

### (Block 1) Nomination Type

I nominate the individual named in Block 2 to be (choose one):

- ☒ Fiscal Sponsoring Authority (Must be nominated by an individual at the nominee's Federal Program Agency who is designated as Head of Agency or Fiscal Sponsoring Authority for Treasury Fiscal Service PKI business systems.)
- ☐ Trusted Registration Agent (Must be nominated by an individual at the nominee's Federal Program Agency who is designated as Head of Agency or Fiscal Sponsoring Authority for Treasury Fiscal Service PKI business systems. Fiscal Business Customers may nominate Fiscal Service employees.)

### (Block 2) FSA / TRA Nominee Information

FSA/TRA First Name (Full Legal Name Required) <b>Edward</b>	Middle Name <b>Scott</b>	Last Name <b>Pruitt</b>	Generation Identifier (Jr., Sr., III, etc.)
Organization Name (Agency/Bureau) <b>U.S. Environmental Protection Agency</b>		Work E-Mail Address	
Organization Street Address (include room # and/or mail stop) <b>1200 Pennsylvania Ave. NW (MC1101A)</b>			
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20460</b>	Country Name <b>USA</b>
Work Phone Number		Work FAX Number	
Business Systems Requiring Nomination: <div></div>			

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

FSA/TRA Nominee Signature

Date (mm/dd/yyyy)

### (Block 3) Nominating Official Information

Nominator Title (Select one):

- ☒ Head of Agency (HOA) ☐ Fiscal Sponsoring Authority (FSA) ☐ Fiscal Business Customer (FBC)

HOA/FSA/Other First Name (Full Legal Name Required) <b>Edward</b>	Middle Name <b>Scott</b>	Last Name <b>Pruitt</b>	Generation Identifier (Jr., Sr., III, etc.)
Organization Name (Agency/Bureau) <b>U.S. Environmental Protection Agency</b>		Work E-Mail Address	
Organization Street Address (include room # and/or mail stop) <b>1200 Pennsylvania Ave. NW (MC1101A)</b>			
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20460</b>	Country Name <b>USA</b>
Work Phone Number		Work FAX Number	

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

(b) (6)

Nominating Official Signature

3/2/2017  
Date (mm/dd/yyyy)

### (Block 4) Fiscal Business Customer (FBC) Approval

FBC First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Qualifier (Jr., Sr., III, etc.)
Organization Name (Agency/Bureau) <b>U.S. Environmental Protection Agency</b>		Work E-Mail Address	Work Phone Number
I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge.			
FBC Official Signature		Date (mm/dd/yyyy)	Time (hh:mm) (24 hour format)

Sensitive But Unclassified



Date: \_\_\_\_\_

## DELEGATION OF AUTHORITY

### Section I - DELEGATION AND RE-DELEGATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to:

☒ Designate Certifying Officers

Authority ☒ MAY / ☐ MAY NOT Be Redelegated

☐ Other (Specify): \_\_\_\_\_

Authority ☐ MAY / ☐ MAY NOT Be Redelegated

Comments: \_\_\_\_\_

#### TYPE OF DELEGATION OR REVOCATION ACTION: [CHECK ONE]

☒ ORIGINAL DELEGATION

☐ RE-DELEGATION

☐ REVOCATION

### Section II - DESIGNEE

Full Legal Name: Edward Scott Pruitt

Title: Administrator

Head of Agency: ☒ Yes / ☐ No

Agency: U.S. Environmental Protection Agency

Effective Date: \_\_\_\_\_

Bureau: \_\_\_\_\_

Phone: \_\_\_\_\_

Division: \_\_\_\_\_ Email: \_\_\_\_\_

### Section III - SIGNATURE SAMPLES OF DESIGNEE [Designee must sign within all 4 boxes in BLACK INK]

(b) (6)

### Section IV - DELEGATOR SIGNATURE [Delegator must sign within the box in BLACK INK]

(b) (6)

Full Legal Name: Edward Scott Pruitt

Title: Administrator

Agency: U.S. Environmental Protection Agency

Bureau: \_\_\_\_\_

Division: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Section V - RETURN ADDRESS OF DELEGATOR

Address: 1300 Pennsylvania Ave. NW (MC 2733R)

Washington, DC 20460

ATTN: Charles Ross, Jr.

202-564-6123

### Section VI - To Be Completed by FMS

Transmittal No.: \_\_\_\_\_

Accomplished Date: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

## DELEGATION OF AUTHORITY

### Section I - DELEGATION AND RE-DELEGATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to:

☐ Designate Certifying Officers Authority ☐ MAY / ☐ MAY NOT Be Redelegated  
☐ Other (Specify): \_\_\_\_\_ Authority ☐ MAY / ☐ MAY NOT Be Redelegated

Comments: \_\_\_\_\_

TYPE OF DELEGATION OR REVOCATION ACTION: [CHECK ONE]

☐ ORIGINAL DELEGATION ☐ RE-DELEGATION ☒ REVOCATION

### Section II - DESIGNEE

Full Legal Name: Gina McCarthy  
Title: Administrator Head of Agency: ☒ Yes / ☐ No  
Agency: U.S. Environmental Protection Agency Effective Date: \_\_\_\_\_  
Bureau: \_\_\_\_\_ Phone: 202-564-4700  
Division: \_\_\_\_\_ Email: McCarthy.Gina@epa.gov

### Section III - SIGNATURE SAMPLES OF DESIGNEE [Designee must sign within all 4 boxes in BLACK INK]

	
	

### Section IV - DELEGATOR SIGNATURE [Delegator must sign within the box in BLACK INK]

(b) (6)  Full Legal Name: Edward Scott Pruitt  
Title: Administrator  
Agency: U.S. Environmental Protection Agency  
Bureau: \_\_\_\_\_  
Division: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Section V - RETURN ADDRESS OF DELEGATOR

Address: 1300 Pennsylvania Ave. NW (MC 2733R)  
Washington, DC 20460  
ATTN: Charles Ross, Jr.  
202-564-6123

### Section VI - To Be Completed by FMS

Transmittal No.: \_\_\_\_\_  
Accomplished Date: \_\_\_\_\_  
By: \_\_\_\_\_



Date: \_\_\_\_\_

## DELEGATION OF AUTHORITY

### Section I - DELEGATION AND RE-DELEGATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to:

☒ Designate Certifying Officers Authority ☒ MAY / ☐ MAY NOT Be Redelegated  
☐ Other (Specify): \_\_\_\_\_ Authority ☐ MAY / ☐ MAY NOT Be Redelegated

Comments: \_\_\_\_\_

TYPE OF DELEGATION OR REVOCATION ACTION: [CHECK ONE]

☒ ORIGINAL DELEGATION ☐ RE-DELEGATION ☐ REVOCATION

### Section II - DESIGNEE

Full Legal Name: David A. Bloom

Title: Acting Chief Financial Officer

Head of Agency: ☐ Yes / ☒ No

Agency: U.S. Environmental Protection Agency

Effective Date: \_\_\_\_\_

Bureau: \_\_\_\_\_

Phone: 202-564-1151

Division: \_\_\_\_\_

Email: Bloom.David@epa.gov

### Section III - SIGNATURE SAMPLES OF DESIGNEE [Designee must sign within all 4 boxes in BLACK INK]

(b) (6)

### Section IV - DELEGATOR SIGNATURE [Delegator must sign within the box in BLACK INK]

(b) (6)

Full Legal Name: Edward Scott Pruitt

Title: Administrator

Agency: U.S. Environmental Protection Agency

Bureau: \_\_\_\_\_

Division: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Section V - RETURN ADDRESS OF DELEGATOR

Address: 1300 Pennsylvania Ave. NW (MC 2733R)

Washington, DC 20460

ATTN: Charles Ross, Jr.

202-564-6123

### Section VI - To Be Completed by FMS

Transmittal No.: \_\_\_\_\_

Accomplished Date: \_\_\_\_\_

By: \_\_\_\_\_